

HIRER COLLISION or DAMAGE REPORT FORM

Report Number _____ Contact _____ Contact Number _____
Rental Location _____ Stock Number _____
Vehicle Registration Number _____ Make _____ Model _____

Renter

Full Name _____ Occupation _____ Phone Home _____
Address _____ Business _____
_____ Mobile _____
E-Mail Address _____
Employer's Name _____
Employer's Address _____

Driver

Full Name _____ Occupation _____ Phone Home _____
Address _____ Business _____
_____ Mobile _____
E-Mail Address _____
Employer's Name _____
Employer's Address _____
Licence No _____ Expiry Date ____ / ____ / ____ State/Country _____ DOB ____ / ____ / ____

Have any drugs or alcohol been consumed within 12 hours of the accident? Yes No
If "yes" what quantity? _____

Witness

Full Name _____ Phone _____
Address _____

Was the witness a passenger in the insured vehicle Yes No Or other Vehicle Yes No

Full Name _____ Phone _____
Address _____

Was the witness a passenger in the insured vehicle Yes No Or other Vehicle Yes No

Full Name _____ Phone _____
Address _____

Was the witness a passenger in the insured vehicle Yes No Or other Vehicle Yes No

Other Vehicles

1. Reg Number _____ Make _____ Model _____
Driver Name _____ Licence No _____ Insurance Co _____
Driver Address _____ Driver Phone _____
Owner Name _____ Owner Phone _____
Owner Address _____

2. Reg Number _____ Make _____ Model _____
Driver Name _____ Licence No _____ Insurance Co _____
Driver Address _____ Driver Phone _____
Owner Name _____ Owner Phone _____
Owner Address _____

Other Property Damage

Yes No if "yes" give details _____

Injury

Was any party injured _____ Yes No If "yes" give details _____

Name _____

Extent of Injury _____

Name _____

Extent of Injury _____

Accident Details

Date of Incident ____ / ____ / ____ Time ____ am/pm

Location (street) _____ City _____ State _____

Road Surface Sealed Gravel Dirt Sand Other _____

Weather Dry Wet Fog Other _____

Visibility Good Bad (give details) _____

Speed Your Vehicle _____ Other Vehicles _____

Police Details

Police Station _____ Phone _____ Police Officer _____

Incident Number _____ Date Reported _____




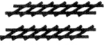








What Charges _____ Against Whom _____

Who do you consider responsible for this accident and why do you consider that person responsible? _____

Accident Description _____

Sketch Plan (Must be Completed N.B Sketch Diagram using the symbols below).



-  Vehicle Driven by You
-  Other Vehicles number 1,2,3 etc
-  Parked Vehicles
-  Rail/tram tracks
-  Travel by arrow in symbol
-  Persons
-  Traffic lights
-  Curved Road
-  Pedestrian Crossing
-  Stop Sign
-  Give way Sign
-  Road Intersection

I/We do hereby solemnly and sincerely declare that the information herewith provided by me/us is a true and correct record of the incident as recalled by me/us. I/We further declare that all of the questions have been answered by me/us fully and truthfully and I/we declare that I/we have not withheld any relevant information in respect of the incident described above.

Renter's Signature _____ Date ____ / ____ / ____

Driver's Signature _____ Date ____ / ____ / ____

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